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CONFIRMATION NO. 8141

<b>SERIAL NUMBER</b> 09/942,516	<b>FILING OR 371(c) DATE</b> 08/30/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 2000P09059US01
<b>APPLICANTS</b> John E. Auer, Ipswich, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/249,576 11/17/2000 <i>OK DSC</i> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/03/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Dele Sabanghe DSC</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 043713				
<b>TITLE</b> System and method for processing patient information				
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	